

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Miller FIRST James MI E
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Envtl Fl Op Dir

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by James E Miller

1/22/2019 1:03:50 PM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Miller FIRST James MI E
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Envtl FI Op Dir

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by James E Miller

1/25/2018 4:08:25 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Miller		FIRST NAME James		MI E	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)	
				E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)					
A Rgnl Env'tl FI Op Dir		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
B		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Rgnl Env'tl FI Op Dir			07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Creditor (Name and Address) Name		Address		Interest Rate	
10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)					
Name Environmental Protection		Address [REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business Entity (Name and Address)			Position Held (i.e., officer, director, employee, etc.)		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business			Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)			Interest Held		
Transferree (Name and Address)			Relationship		
			Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by James E Miller [REDACTED]

Current Date

1/22/2019 1:03:50 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Miller	FIRST NAME James	MI E	SUFFIX
------------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are sending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Env'tl FI Op Dir			
B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A Environmental Protection
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Rgnl Env'tl FI Op Dir	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here.	2017
--	---	------

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Creditor (Name and Address) Name Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME	Including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address		

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift
Source of Gift		
Address of Source of Gift	Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by James E Miller

Current Date

1/25/2018 4:08:25 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Gustafson **FIRST** Staci **MI** D
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Envtl Prgm Mgr
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.)

in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2. .

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

American Red Cross
229 Elm St, Suite B
Oil City, PA 16301

Title/description of service(s)

Disaster Services Team Member

Period(s) of time during which services were, are or will be rendered

On-call throughout year

Total amount of monies, compensation, consideration received

Volunteer-

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Cottage 82 East Ave Westfield NY 14787

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Purchased cottage from family members

Acquisition:

Date(s) Acquired 06/13/2018

Name/Address of person(s)/entity(ies) from whom acquired

David Gustafson (deceased) Pittsburgh, Pa

**Judy LaLande
North Fort Myers, FL**

**Douglas Gicquelais
Delaware**

**Susan Nauman
Severna Park, PA**

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Purchase/Buyout of family members interests in cottage

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Gustafson FIRST Staci MI D
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

American Red Cross
229 Elm St, Suite B
Oil City, PA 16301

Title/description of service(s)

Disaster Team Member

Period(s) of time during which services were, are or will be rendered

On-call throughout year

Total amount of monies, compensation, consideration received

Volunteer-

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Staci D Gustafson

4/16/2018 11:51:32 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLYPENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01 LAST NAME Gustafson		FIRST NAME Staci		MI D	SUFFIX
---------------------------	--	---------------------	--	---------	--------

02 ADDRESS office (business or governmental) or home		City	State	Zip Code	Area Code	Phone
--	--	------	-------	----------	-----------	-------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Envtl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant Regional Director	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name	Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address		
Environmental Protection			

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address) American Red Cross 229 Elm St, Suite B Oil City, PA 16301	Position Held (i.e., officer, director, employee, etc.) Disaster Services Team Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Staci D Gustafson

Current Date

2/12/2019 12:51:42 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bristow FIRST Geoffrey MI C
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Penncrest School district

18741 PA Rt. 198

Saegertown, PA 16433

Title/description of service(s)

Head Soccer Coach

Period(s) of time during which services were, are or will be rendered

1/1/15 to 12/31/16

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Geoffrey C Bristow

4/4/2019 7:46:31 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bristow FIRST Geoffrey MI C
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Pltn Prvntn/Cmplnc Ast Mg

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Penncrest School district

18741 PA Rt. 198

Saegertown, PA 16433

Title/description of service(s)

Head Soccer Coach

Period(s) of time during which services were, are or will be rendered

1/1/15 to 12/31/16

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Geoffrey C Bristow

3/23/2018 1:40:01 PM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Bristow	FIRST NAME Geoffrey	MI C	SUFFIX
-------------------------	------------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
--	------	-------	----------	-----------	-------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be checked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Envtl Grp Mgr	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B			

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, twp, etc.)	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here:
A Environmental Protection	2018
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Energy Program Manager	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here:
---	---

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Creditor (Name and Address) Name Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address See attachment		

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Business Entity (Name and Address) Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433	Position Held (i.e., officer, director, employee, etc.) Head Soccer Coach

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address) Transferee (Name and Address)	Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Geoffrey C Bristow

Current Date

4/4/2019 7:46:31 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 DIRECT OR INDIRECT SOURCES OF INCOME - Attachment

Income Name

Environmental Protection
Penncrest School District

Address

400 Market St Harrisburg, PA 17105
Route 198 Saegertown, PA 16433

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01	LAST NAME Bristow	FIRST NAME Geoffrey	MI C	SUFFIX
----	----------------------	------------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Pltn Prvntn/Cmplnc Ast Mg			
B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held

05 GOVERNMENTAL ENTITY	In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Energy Program Manager	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Creditor (Name and Address) Name Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME	including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address		

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (Including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Business Entity (Name and Address) Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433	Position Held (i.e., officer, director, employee, etc.) Head Soccer Coach

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Geoffrey C Bristow

Current Date

3/23/2018 1:40:01 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll FIRST Darren MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Air Qlty Dstr Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Darren S Dyll

1/25/2019 1:55:21 PM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll FIRST Darren MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

- 1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*
- a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

- 2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Air Qlty Dstr Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Darren S Dyll

2/12/2018 9:05:52 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dyll	FIRST NAME Darren	MI S	SUFFIX
----------------------	----------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Air Qlty Dstr Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Air Qlty Dstr Supv	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Darren S Dyll [REDACTED]

Current Date

1/25/2019 1:55:21 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dyll	FIRST NAME Darren	MI S	SUFFIX
02 ADDRESS office (business or governmental) or home City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Area Code: [REDACTED] Phone: [REDACTED]			
<small>NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.</small>			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor X <input checked="" type="checkbox"/> Check this block if you are amending an original filing			
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Air Qlty Dstr Supv <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Air Qlty Dstr Supv		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address) Name: [REDACTED]		Address: [REDACTED] Interest Rate: [REDACTED]	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Name: Environmental Protection		Address: [REDACTED]	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferee (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Darren S Dyll [REDACTED]

Current Date

2/12/2018 9:05:52 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Schwartz FIRST Ronald MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Regl Envtl Fl Op Dir

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Camp property/building 113 tubbs lane Leeper, PA 16233

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired **02/01/2007**

Name/Address of person(s)/entity(ies) from whom acquired

Ronald Schwartz (Father)

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Ronald A Schwartz

1/22/2019 2:38:59 PM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Schwartz FIRST Ronald MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Envntl FI Op Dir

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Camp property/building 113 tubbs lane Leeper, PA 16233

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 02/01/2007

Name/Address of person(s)/entity(ies) from whom acquired

Ronald Schwartz (Father)

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Ronald A Schwartz

1/25/2018 2:02:15 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Schwartz	FIRST NAME Ronald	MI A	SUFFIX
--------------------------	----------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
A Rgnl Envtl Fl Op Dir	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B	

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Regional Director	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name See attachment	Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	
Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Ronald A Schwartz

Current Date

1/22/2019 2:38:59 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Schwartz	FIRST NAME Ronald	MI A	SUFFIX
--------------------------	----------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Env'tl FI Op Dir		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Regional Director	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Creditor (Name and Address) Name Address Interest Rate See attachment	

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address Environmental Protection [REDACTED]		

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address) Value	

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)	

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)	

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address) Interest Held Relationship Date Transferred Transferee (Name and Address)	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Ronald A Schwartz [REDACTED]

Current Date

1/25/2018 2:02:15 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Halloran **FIRST** Kevin **MI** A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. *Statements of Financial Interest.* *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. *Additional Filings.* *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of Interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred Interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Kevin A Halloran

2/1/2019 8:40:43 AM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Halloran FIRST Kevin MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Kevin A Halloran

1/23/2018 7:54:16 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLYPENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01 LAST NAME Halloran	FIRST NAME Kevin	MI A	SUFFIX
--------------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (Including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filling as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env'tl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Env'tl Prgm Mgr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address)	Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address		
Environmental Protection			

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Kevin A Halloran

Current Date

2/1/2019 8:40:43 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Halloran	FIRST NAME Kevin	MI A	SUFFIX
--------------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env'tl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Env'tl Prgm Mgr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Kevin A Halloran

Current Date

1/23/2018 7:54:16 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bailey FIRST Brian MI K
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Envtl Prgm Mgr
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of Interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

See attachment

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian K Bailey

4/5/2019 8:01:10 PM

SIGNATURE

DATE

EMPLOYMENT - ATTACHMENT

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Tuckahoe Fire Company
875 Cannery Road
Northumberland, PA 17801

Title/Description of service(s):

Fire Fighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Americus Hose Company
100 Linden Street
Sunbury, PA 17801

Title/Description of service(s):

Firefighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bailey FIRST Brian MI K
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Envtl Grp Mgr
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

See attachment

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian K Bailey

4/25/2018 7:56:18 PM

SIGNATURE

DATE

EMPLOYMENT - ATTACHMENT

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Tuckahoe Fire Company
875 Cannery Road
Northumberland, PA 17801

Title/Description of service(s):

Fire Fighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Americus Hose Company
100 Linden Street
Sunbury, PA 17801

Title/Description of service(s):

Firefighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLYPENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01 LAST NAME Bailey	FIRST NAME Brian	MI K	SUFFIX
-------------------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A: Envtl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Environmental Group Manager	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	---

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address) Name See attachment	Address Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address) See attachment	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian K Bailey

Current Date

4/5/2019 8:01:10 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

Entity

Position Held

Tuckahoe Fire Company
875 Cannery Road
Northumberland, PA 17801

Fire Fighter - Emergency Medical
Technician

Americus Hose Company
100 Linden Street
Sunbury, PA 17801

Firefighter - Emergency Medical
Technician

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Bailey		FIRST NAME Brian		MI K	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor <input type="checkbox"/> Check this block if you are amending an original filing					
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)					
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held					
A Envtl Grp Mgr <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Environmental Group Manager			07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address) Name See attachment		Address		Interest Rate	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instruction on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)					
Name Environmental Protection		Address [REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Business Entity (Name and Address) See attachment		Position Held (i.e., officer, director, employee, etc.)			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)		Interest Held			
Transferee (Name and Address)		Relationship			
		Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian K Bailey

Current Date

4/25/2018 7:56:18 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

Entity

Position Held

Tuckahoe Fire Company
875 Cannery Road
Northumberland, PA 17801

Fire Fighter - Emergency Medical
Technician

Americus Hose Company
100 Linden Street
Sunbury, PA 17801

Firefighter - Emergency Medical
Technician

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Babb FIRST Brian MI T
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian T Babb

1/26/2019 3:06:26 PM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Babb FIRST Brian MI T
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Permits Environmental Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian T Babb

4/25/2018 12:44:58 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Babb	FIRST NAME Brian	MI T	SUFFIX
----------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are emending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env'tl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Permits Environmental Mgr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value of Gift
Source of Gift		
Address of Source of Gift	Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value
Source (Name and Address)		

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)		

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business		

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held
Business (Name and Address)		Relationship
Transferree (Name and Address)		Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian T Babb

Current Date

1/26/2019 3:06:26 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLYPENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Babb		FIRST NAME Brian		MI T	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be checked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)	
E <input type="checkbox"/> Check this block if you are filing as a solicitor					
F <input type="checkbox"/> Check this block if you are emending an original filing					
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)					
A Permits Environmental Mgr		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
B		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
05 GOVERNMENTAL ENTITY In which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Permits Environmental Mgr			07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address) Name [REDACTED]		Address [REDACTED]		Interest Rate [REDACTED]	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)					
Name Environmental Protection		Address [REDACTED]		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business Entity (Name and Address)			Position Held (i.e., officer, director, employee, etc.)		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business			Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)			Interest Held		
Transferree (Name and Address)			Relationship		
			Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian T Babb

Current Date

4/25/2018 12:44:58 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Kresge FIRST Randall MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year(January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Prfsnl Geolgst Mgr Dep

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Randall S Kresge

4/23/2019 12:49:31 PM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Kresge FIRST Randall MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

- 1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*
- a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction.
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

- 2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Lcnsd Prfsnl Geolgst
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Randall S Kresge

5/14/2018 11:32:17 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLYCOMMISSION PENNSYLVANIA STATE ETHICS
(717) 783-1610 TOLL FREE 1-800
-932-0936

01 LAST NAME Kresge	FIRST NAME Randall	MI S	SUFFIX
------------------------	-----------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Prfsl Geolgst Mgr Dep		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Licensed Professional Geologist	07 YEAR SEE INSTRUCTIONS Information in Blocks 0-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address)	Address	Interest Rate
Name		

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address		
Environmental Protection			

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. A §4904 (Unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Randall S Kresge

Current Date

4/23/2019 12:49:31 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Kresge	FIRST NAME Randall	MI S	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor			
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former) F <input type="checkbox"/> Check this block if you are amending an original filing			
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)			
A Lcnsd Prfsnl Geolgst <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
B <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Licensed Professional Geologist		07 YEAR SEE INSTRUCTIONS information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Creditor (Name and Address) Name		Address	Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)			
Name Environmental Protection		Address [REDACTED]	ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferree (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Randall S Kresge

Current Date

5/14/2018 11:32:17 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Willey FIRST Rick MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

- 1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*
- a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

- 2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year(January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Rick L Willey

2/21/2019 6:35:34 AM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Willey FIRST Rick MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Rick L Willey

1/25/2018 9:41:17 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Wiley	FIRST NAME Rick	MI L	SUFFIX
-----------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Oil Gas Insp Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Oil & Gas Inspector Supervisor	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Rick L Wiley

Current Date

2/21/2019 8:35:34 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Wiley	FIRST NAME Rick	MI L	SUFFIX
-----------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Oil Gas Insp		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Oil & Gas Inspector	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Rick L Wiley

Current Date

1/25/2018 9:41:17 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lencer FIRST Steven MI F
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

FARMINGTON TWP VOLUNTEER FIRE CO
6785 Route 36
Leeper, Pa 16233

Title/description of service(s)

Asst Chief LINE OFFICER

Period(s) of time during which services were, are or will be rendered

JAN 1 TO DEC 31

Total amount of monies, compensation, consideration received

VOLUNTEER

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 04/1/96

Name/Address of person(s)/entity(ies) from whom acquired

STEVE LENCER TO STEVE LENCER

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Steven F Lencer

2/19/2019 1:43:35 PM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lencer FIRST Steven MI F
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

FARMINGTON TWP VOLUNTEER FIRE CO

Title/description of service(s)

CAPTAIN LINE OFFICER

Period(s) of time during which services were, are or will be rendered

JAN 1 TO DEC 31

Total amount of monies, compensation, consideration received

VOLUNTEER

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 04/1/96

Name/Address of person(s)/entity(ies) from whom acquired

STEVE LENCER TO STEVE LENCER

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Steven F Lencer

4/24/2018 8:48:34 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lencer		FIRST NAME Steven		MI F	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)	
				E <input type="checkbox"/> Check this block if you are filing as a solicitor	
				F <input type="checkbox"/> Check this block if you are amending an original filing	
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)					
A Oil Gas Insp Supv					
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)			07 YEAR SEE INSTRUCTIONS		
Oil and Gas Inspector Superviso			Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address)		Address		Interest Rate	
See attachment					
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)					
Name		Address		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Environmental Protection		[REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift				Value of Gift	
Address of Source of Gift				Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
FARMINGTON TWP VOLUNTEER FIRE CO		Asst Chief LINE OFFICER			
6785 Route 36					
Leeper, Pa 16233					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)		Interest Held			
Transferree (Name and Address)		Relationship			
		Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Steven F Lencer

Current Date

2/19/2019 1:43:35 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

[illegible]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lencer		FIRST NAME Steven		MI F	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (Including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)	
				E <input type="checkbox"/> Check this block if you are filing as a solicitor	
				F <input type="checkbox"/> Check this block if you are amending an original filing	
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)					
A Oil Gas Insp Supv		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
B		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS			
Oil and Gas Inspector Superviso		Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017			
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address)		Address		Interest Rate	
See attachment					
10 DIRECT OR INDIRECT SOURCES OF INCOME		Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Name		Address			
Environmental protection		[REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
FARMINGTON TWP VOLUNTEER FIRE CO		CAPTAIN LINE OFFICER			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)		Interest Held			
Transferree (Name and Address)		Relationship			
		Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Steven F Lencer

Current Date

4/24/2018 8:48:34 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

[illegible]

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Neville FIRST Richard MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies) _____

See attachment

Nature/description of interest(s), including conditions and encumbrances _____

Transfers:

Nature/description of transferred interest(s) _____

N/A

Name/address of person(s)/entity(ies) to whom transferred _____

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Land Evaluation Services, LLC
22250 Shartle Road
Meadville, PA 16335

Title/description of service(s)

Real estate transactions-property evaluations

Period(s) of time during which services were, are or will be rendered

1/1/2011-1/1/2012

Total amount of monies, compensation, consideration received

Not active in 2018

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard L. Neville

3/21/2019 11:44:36 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Neville FIRST Richard MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: **a.)** Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Land Evaluation Services, LLC
22250 Shartle Road
Meadville, PA 16335

Title/description of service(s)

Real estate transactions-property evaluations

Period(s) of time during which services were, are or will be rendered

1/1/2011-1/1/2012

Total amount of monies, compensation, consideration received

Not active in 2017

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard L Neville

2/12/2018 7:02:07 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Neville	FIRST NAME Richard	MI L	SUFFIX
-------------------------	-----------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env'tl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Environmental Program Manager	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Creditor (Name and Address) Name Address Interest Rate See attachment	

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address Environmental Protection [REDACTED]		

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address) Value	

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335	Position Held (i.e., officer, director, employee, etc.) Real estate transactions-property evaluations

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Name and Address of Business [REDACTED]	Interest Held (i.e., 5%, 10%, etc.) [REDACTED]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address) Transferree (Name and Address)	Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard L. Neville

Current Date

3/21/2019 11:44:36 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Neville	FIRST NAME Richard	MI L	SUFFIX
-------------------------	-----------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Envntl Grp Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Environmental Group Manager	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift Address of Source of Gift	Value of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335	Position Held (i.e., officer, director, employee, etc.) Real estate transactions-property evaluations

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Name and Address of Business [REDACTED]	Interest Held (i.e., 5%, 10%, etc.) [REDACTED]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address) Transferree (Name and Address)	Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard L Neville

Current Date

2/12/2018 7:02:07 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dudzic FIRST Scott MI M
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Scott M Dudzic

1/22/2019 8:24:03 AM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dudzic FIRST Scott MI M
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Scott M Dudzic

4/4/2018 7:28:46 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dudzic	FIRST NAME Scott	MI M	SUFFIX
------------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env'tl Grp Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Env'tl Grp Mgr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Creditor (Name and Address) Name Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	
Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic

Current Date

1/22/2019 8:24:03 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dudzic	FIRST NAME Scott	MI M	SUFFIX
02 ADDRESS office (business or governmental) or home	City	State	Zip Code
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	<input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)			
A Env'tl Grp Mgr <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
B <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS		
Env'tl Grp Mgr	Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Creditor (Name and Address)		Interest Rate	
Name		Address	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)			
Name		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Environmental Protection		Address	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferree (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic

Current Date

4/4/2018 7:28:46 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lux FIRST John MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: **a.)** Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by John S Lux

1/22/2019 8:58:04 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lux FIRST John MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by John S Lux

4/30/2018 9:32:25 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]
[REDACTED]
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lux	FIRST NAME John	MI S	SUFFIX
---------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (Including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Wtr Qlty Spcst Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (Including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferor (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by John S Lux

Current Date

1/22/2019 8:58:04 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lux	FIRST NAME John	MI S	SUFFIX
---------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
--	------	-------	----------	-----------	-------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
A Wtr Qlty Spcst Supv	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B	

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address) Name	Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address		
Environmental Protection			

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by John S Lux

Current Date

4/30/2018 9:32:25 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Meyer FIRST Chad MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

4.12 acre vacant field.

Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 4/22/17

Name/Address of person(s)/entity(ies) from whom acquired

Robert Meyer
122 State Route 1031
Templeton, PA 16259

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Chad A Meyer

2/12/2019 3:25:34 PM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Meyer FIRST Chad MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: **a.)** Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Wtr Qlty Spcst Supv
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

4.12 acre vacant field.

Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 4/22/17

Name/Address of person(s)/entity(ies) from whom acquired

Robert Meyer
122 State Route 1031
Templeton, PA 16259

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Chad A Meyer

3/8/2018 10:51:23 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLYPENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01 LAST NAME Meyer	FIRST NAME Chad	MI A	SUFFIX
-----------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Wtr Qlty Spcst Spvr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Spvr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address)	Address	Interest Rate
Name		
See attachment		

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address		
Environmental Protection			

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Chad A Meyer

Current Date

2/12/2019 3:25:34 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01	LAST NAME Meyer	FIRST NAME Chad	MI A	SUFFIX
----	--------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03	STATUS	Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)
	B <input type="checkbox"/> Nominee	D <input type="checkbox"/> Public Official (Former)
		E <input type="checkbox"/> Public Employee (Current)
		F <input type="checkbox"/> Public Employee (Former)
		G <input type="checkbox"/> Check this block if you are filing as a solicitor
		H <input type="checkbox"/> Check this block if you are amending an original filing

04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	
	A Wtr Qlty Spcst Supv	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
	B	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held

05	GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
	A Environmental Protection
	B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
Water Quality Specialist Spvr	Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09	CREDITORS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>	
	Creditor (Name and Address)		Interest Rate
	Name	Address	
	See attachment		

10	DIRECT OR INDIRECT SOURCES OF INCOME	including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
	Name	Address		
	Environmental Protection			

11	GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	
	Source of Gift		Value of Gift
	Address of Source of Gift		Circumstances (including description) of Gift

12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Value
	Source (Name and Address)		

13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Position Held (i.e., officer, director, employee, etc.)
	Business Entity (Name and Address)		

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held (i.e., 5%, 10%, etc.)
	Name and Address of Business		

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held
	Business (Name and Address)		Relationship
	Transferree (Name and Address)		Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Chad A Meyer Current Date 3/8/2018 10:51:23 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

**2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Sheriff FIRST Richard MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

The Harbor Free Methodist Church
135 Conewango Ave.
Warren, PA 16365

Title/description of service(s)

Lead Pastor

Period(s) of time during which services were, are or will be rendered

1/1/2018 through 12/31/2018

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard A Sheriff

2/4/2019 8:03:12 AM

SIGNATURE

DATE

**2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Sheriff FIRST Richard MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

The Harbor Free Methodist Church
135 Conewango Ave.
Warren, PA 16365

Title/description of service(s)

Lead Pastor

Period(s) of time during which services were, are or will be rendered

1/1/2017 through 12/31/2017

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard A Sheriff

1/24/2018 8:55:01 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Sheriff	FIRST NAME Richard	MI A	SUFFIX
-------------------------	-----------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Wtr Qlty Spcst Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Creditor (Name and Address) Name	Address Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365	Position Held (i.e., officer, director, employee, etc.) Lead Pastor

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held. Relationship Date Transferred
Transferree (Name and Address)	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard A Sheriff

Current Date

2/4/2019 8:03:12 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Sheriff		FIRST NAME Richard		MI A	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)	
				E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)					
A Wtr Qlty Spcst Supv					
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super			07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Creditor (Name and Address) Name		Address		Interest Rate	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)					
Name Environmental Protection		Address [REDACTED]		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365			Position Held (i.e., officer, director, employee, etc.) Lead Pastor		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business			Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)			Interest Held		
Transferree (Name and Address)			Relationship		
			Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard A Sheriff

Current Date

1/24/2018 8:55:01 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.